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7590 06/23/2008

HARNESS, DICKEY & PIERCE, P.L.C.
 P.O. Box 8910
 Reston, VA 20195



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/827,530	04/20/2004	Torbjorn Sandstrom	2674-000025/US	2964

TITLE OF INVENTION: METHOD FOR ERROR REDUCTION IN LITHOGRAPHY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> NO	\$1440	\$300	\$0	\$1740	09/23/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	10/24/2008 DERRAHNU2 00000102 10027538		
WHITMORE, STACY		2825	716-021000	01 11 1581 32 10 1584	1440.00 OP 300.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 HARNESS, DICKEY &
 2 PIERCE, P.L.C.
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MICRONIC LASER SYSTEMS AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TABY, SWEDEN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number 08-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date SEPTEMBER 23, 2008

Typed or printed name JOHN A. CASTELLANO

Registration No. 35,094

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